

Derek 55096

Work Order ID 50932-2

July 27, 2009 9:53:38 AM

Page 1

Item ID: D3688-1

Accept

Revision ID: B

Item Name: STUD

Start Date: 7/27/09

Start Qty: 35.00

Required Date: 8/07/09

Req'd Qty: 35.00

Cust Item ID:

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Draw
Number

Draw
Rev.

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Draw Nbr	Revision Nbr
D3688	Rev B

100

0.00



Bandsaw

BAND SAW

Memo

0.00

Jeaspa Bandsaw

DO NOT USE CHOP SAW

1 Cut blank 11.673" long

09-08-05
09-12-17

12

11

110

0.00



Doosan

DOOSAN LATHE

Memo

0.00

Doosan Lathe

1-Turn as per Folio FA718 Rev: & Dwg D3688 Rev: 2-Deburr per dwg D3688

12

120

0.00



QC

QC2- Inspect parts off machine FAI/FAIB

Memo

0.00

Quality Control

09-08-05
09-12-17

12

11

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Order ID 50932

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Page 2

Item ID: D3688-1
Revision ID: B
Item Name: STUD

Accept



Setup Start



Stop



Start Date: 7/27/09 Start Qty: 35.00
Required Date: 8/07/09 Req'd Qty: 35.00
Reference:



Cust Item ID:
Customer:

Approvals: Process Plan:
QC:

Date:
Date:

Tooling:
SPC (Y/N):

Date:
Date:

Run Start



Stop



Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Draw
Number Rev.

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130



Lathe Conv

Conventional Lathe

CONVENTIONAL LATHE

Memo

Face to finished length as per dwg D3688 AND center drill as per Dwg D3688.

0.00

0.00

SA 09/12/17
SA 09/08/08

12
12

140



QC

Quality Control

QC2- Inspect parts off machine FAI/FAIB

Memo

0.00

0.00

SA 09/12/17
SA 09/08/08

12
12

150



Doosan

Doosan Lathe

DOOSAN LATHE

Memo

1- Turn as per Folio FA718 Rev: B & Dwg D3688 Rev: R 2-Deburr
per dwg D3688

0.00

0.00

1/inf 04/08/09

12

W/O:		WORK ORDER CHANGES					
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Required Date: 8/07/09

Req'd Qty: 35.00

Reference:

Accept



Setup Start



Stop



Cust Item ID:

Customer:

Run Start



Stop



Approvals: Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run HoursDraw
NumberDraw
Rev.Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

160

QC2- Inspect parts off machine FAI/FAIB

0.00



QC

Memo

Quality Control

0.00

09.08.10
09.12.17

12

4

170

QC8- Inspect parts - second check

0.00



QC

Memo

Quality Control

0.00

09/08/10
09/12/12

12

6

180

PURCHASING

0.00

Memo

Issue P/O:

10194

Certificate of conformaty is required

LPI Per ASTM 1417 LEVEL

Purchasing

Purchasing

11012

11X

CL1010104 (11)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Order ID 50932

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Start Qty: 35.00

Required Date: 8/07/09

Req'd Qty: 35.00

Reference:

Accept



Setup Start



Stop



Cust Item ID:

Customer:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Draw
Number

Draw
Rev.

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

Receive & Inspect for Damage & Mat'l Certs

0.00



Packaging

Memo

0.00

Packaging

Ensure certificate of conformity is attached

~~CL 09/08/11 12~~

P 80/01/09 (11)

200

QC'S- Inspect part completeness to step on W/O

0.00



QC

Memo

0.00

Quality Control

~~mt 09 08 11 (12)~~
mt 10/01/09 (11)

210

Identify as per dwg & Stock Location: G-A

0.00



Packaging

Memo

0.00

Packaging

90

SB 09/08/12 (12)

10-1-5

(1/x) sf

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 50932

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Req'd Qty: 35.00

Reference:

Accept



Setup Start



Stop



Cust Item ID:

Customer:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Draw
Number

Draw
Rev.

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

220

QC21- Final Inspection - Work Order Release

0.00

QC

Memo

0.00

Quality Control

09108112

~~10-01-13~~ 10-01-13
10/01/06
MK 10-01-05

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Print

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Work Order ID: 50932

Parent Item: D3688-1RevB

Parent Item Name: STUD


Comments:

Start Date: 7/27/09

Required Date: 8/07/09

Start Qty: 35.00

Required Qty: 35.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Remaining Qty To Pick	Qty Issued	Date Issued	Status
M174PH-H900R1.000		Purchased	No			100	f	64.5000	40.0474			
												
17-4SS H900 ROUND BAR 1.00												

Warehouse

Loc Qty

Loc Code

Location

Main Warehouse

MAT

64.5

110213

3.3

110750

24.99

110990

11.87

111055

24.34

df 09.12.17

df 09.08.10 12'

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID	Item ID	Rev	Status	Start Date	Req'd Date	Start Qty	Req'd Qty	Project ID
50932	D3688-1	B	Released	7/27/2009	8/7/2009	35.0000	35.0000	

Op Seq	Work Center ID	Op Seq Desc	Complete	Start Date	Start Qty	Comp Qty	Process Hrs	Std Setup Hrs	Actual Setup Hrs	Setup Variance	Std Run Hrs
100	Bandsaw	BAND SAW	<input type="checkbox"/>	7/27/2009	35.0000		0.0000	0.0000	0.0000	0.0000	0.0000
110	Doosan	DOOSAN LATHE	<input checked="" type="checkbox"/>	7/27/2009		14.0000	0.0000	0.0000	0.0000	0.0000	0.0000
120	QC		<input type="checkbox"/>	7/27/2009	14.0000		0.0000	0.0000	0.0000	0.0000	0.0000
130	Lathe Conv	CONVENTIONAL...	<input type="checkbox"/>	7/27/2009			0.0000	0.0000	0.0000	0.0000	0.0000
140	QC		<input type="checkbox"/>	7/27/2009			0.0000	0.0000	0.0000	0.0000	0.0000
150	Doosan	DOOSAN LATHE	<input type="checkbox"/>	7/27/2009		23.0000	0.0000	0.0000	0.0000	0.0000	0.0000
160	QC		<input type="checkbox"/>	7/27/2009	23.0000		0.0000	0.0000	0.0000	0.0000	0.0000
170	QC		<input type="checkbox"/>	7/27/2009			0.0000	0.0000	0.0000	0.0000	0.0000
180	Purchasing	PURCHASING	<input type="checkbox"/>	7/27/2009			0.0000	0.0000	0.0000	0.0000	0.0000
190	Packaging		<input type="checkbox"/>	7/27/2009			0.0000	0.0000	0.0000	0.0000	0.0000
200	QC		<input type="checkbox"/>	7/27/2009			0.0000	0.0000	0.0000	0.0000	0.0000
210	Packaging		<input type="checkbox"/>	7/27/2009			0.0000	0.0000	0.0000	0.0000	0.0000
220	QC		<input type="checkbox"/>	7/27/2009			0.0000	0.0000	0.0000	0.0000	0.0000
							0.0000	0.0000	0.0000	0.0000	0.0000

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Actual Run Hrs	Run Variance	Last Rptd Date
0.0000	0.0000	
2.1622	-2.1622	8/5/2009
0.0000	0.0000	
0.0000	0.0000	
0.0000	0.0000	
27.1459	-27.1459	8/11/2009
0.0000	0.0000	
0.0000	0.0000	
0.0000	0.0000	
0.0000	0.0000	
0.0000	0.0000	
0.0000	0.0000	
0.0000	0.0000	
29.3081	-29.3081	MAX=8/11/2009)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries



LIQUID PENETRANT TEST REPORT

P- 1531

PAGE 1 OF 1

CLIENT	DNT Aerospace	DATE	DEC 28-2003	TIME	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
ATTENTION	LINDA / KANTAL	ACUREN JOB NO.	133-09-001085		
ADDRESS	1270 ABERDEEN ST HAWKESBURY ON. K6H 1K7	PO/NO	11017		
		WORK LOCATION	Same		
		ACCEPTANCE STD.	ASTM 1417	REV./DATE	DEC.
PROJECT	F.P.I. ON CROSS TUBES AND MACHINED PARTS				
ITEM(S) EXAMINED	4 CROSS TUBES 11 MACHINED - STUDS. 2 COLLECTIVE BELL CRANK-W.O. 53				
JOB DESCRIPTION	PROCEDURE NO. LT0002	REV./DATE	TECHNIQUE NO. LT0002	REV./DATE	
PART NO.	- S/STEEL -	MATERIAL	Aluminum	THICKNESS	- 1/4"
SCOPE	WET FLUORESCENT LIQUID PENETRANT INSPECTION CARRIED OUT 100% EXTERNAL				

TEST DETAILS					
METHOD	<input checked="" type="checkbox"/> FLUORESCENT	<input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> WATER WASH 10459	<input type="checkbox"/> SOLVENT REMOVABLE	<input type="checkbox"/> POST EMUL
FAMILY BRAND	MAGNAFLUX		BLACK LIGHT S/N	<input type="checkbox"/> OUTPUT > 1000 μ W/cm ²	<input type="checkbox"/> AMBIENT <
PENETRANT	2467	MINIMUM DWELL TIME	45 MIN.	LIGHTING EQUIP.	<input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT <input type="checkbox"/> OUTPUT > 100 fc @ 5
PENETRANT REMOVER	H-20	MINIMUM DRY TIME	> 10 MIN.	OTHER	LAS. NO.
DEVELOPER	SKD 52	MINIMUM DWELL TIME	10 MIN.	LIGHT METER S/N	1098866 CAL DUE DATE 12-1
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON AQUEOUS	<input type="checkbox"/> AQUEOUS	<input type="checkbox"/> DRY		

TEST SURFACE					
SURFACE CONDITION	<input type="checkbox"/> AS GROUND	<input type="checkbox"/> AS WELDED	<input checked="" type="checkbox"/> MACHINED	<input type="checkbox"/> SHOT BLASTED	<input type="checkbox"/> CLEAN BARE ME
SURFACE TEMPERATURE	<input type="checkbox"/> < -4°C/ 20°F	<input type="checkbox"/> -4°C/ 20°F TO 10°C/ 50°F	<input checked="" type="checkbox"/> 10°C/ 50°F TO 52°C/ 125°F	<input type="checkbox"/> > 52°C/ 125°F	

RESULTS- (☐ METRIC ☒ IMPERIAL)

1	CROSSTUBE-W.O. 53341	✓
1	CROSSTUBE-W.O. 53342	✓
1	CROSSTUBE-W.O. 54504	✓
1	CROSSTUBE-W.O. 54503	✓
11	STUDS-W.O. 50932	✓
2	COLLECTIVE BELL CRANK W.O. 53635	✓

mt 10101/04

Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressed that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibility for the engineering, manufacture, repair and use decisions as data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care

In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES

CLIENT REPRESENTATIVE	Linda Kantal	SIGNATURE	DTR #	E-27641
TECHNICIAN (SIGNATURE):	M. K. Johnson		REPORT	
NAME (PRINT):			REVIEWED BY:	
	1 ST TECHNICIAN	2 ND TECHNICIAN	NAME	INIT
CGSB LEVEL	3	SNT LEVEL		
CGSB REG. NO.	6066	CGSB REG. NO.		

